



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY  
2008-2009 CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

FOR OFFICE USE ONLY	
DATE ENTERED	VALIDATION

This report must be sent by January 15, 2009 to the Missouri Department of Health and Senior Services, Bureau of Immunizations Assessment and Assurance, P.O. Box 570, Jefferson City, MO 65102-0570.

As mandated by Missouri State Law, Section 210.003 RSMo, each administrator of a public, private, parochial day care center, preschool, or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under his/her jurisdiction. The child care administrator shall make this report annually to the Department of Health and Senior Services, no later than **January 15, 2009**.

Immunization information is required in ten (10) diseases: diphtheria, tetanus, pertussis (DTaP/DT); polio (OPV or IPV); hepatitis B (HB); *Haemophilus influenzae* b (Hib); measles, mumps, rubella (MMR); and varicella (VZV).

Section I.

NAME OF FACILITY	INDICATE IF NAME CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS (STREET, CITY, STATE, ZIP)	INDICATE IF ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO
ADMINISTRATOR/OWNER	COUNTY	FACILITY E-MAIL ADDRESS	FACILITY TELEPHONE NUMBER (       )

THIS REPORT MUST BE RETURNED REGARDLESS OF THE NUMBER OF CHILDREN ENROLLED. Please check appropriate box and complete report accordingly.

AGE GROUP	SHOULD HAVE IMMUNIZATION HISTORY OF
0 thru 2 months .....	1 HB
3 thru 4 months .....	1 DTaP/DT, 1 Polio, 1 Hib, 1 or 2 HB,
5 thru 6 months .....	2 DTaP/DT, 2 Polio, 1 or more Hib, 2 or 3 HB,
7 thru 18 months .....	3 DTaP/DT, 2 Polio, 1 or more Hib, 2 or 3 HB,
19 months to kindergarten entry .....	4 DTaP/DT, 3 Polio, at least 1 Hib after 12 months of age, 1 MMR, 3 HB, 1 Varicella (Chickenpox) or Disease

☐ If 10 or more children (birth to school entry age) are enrolled, please complete Sections I, II, III and IV.

☐ If less than 10 children (birth to school entry age) are enrolled, please complete Sections I, II and IV only.

Section II.		Section III.																												
PRE-SCHOOL AGE GROUPS	NUMBER ENROLLED	DTaP/DT						Polio (OPV/IPV)					Hib					MMR			Hepatitis B (HB)					Varicella (VZV)				Series Complete or Adequately Protected
		NUMBER OF DOSES						NUMBER OF DOSES					NUMBER OF DOSES					NUMBER OF DOSES			NUMBER OF DOSES					NUMBER OF DOSES				4 DTaP/DT, 3 Polio, 1+ Hib, 1 MMR, 3 HB, & 1 Varicella (or Chickenpox Disease)
		1	2	3	4+	Exempt Parental	Exempt Medical	1	2	3+	Exempt Parental	Exempt Medical	1	2	3+	Exempt Parental	Exempt Medical	1+	Exempt Parental	Exempt Medical	1	2	3+	Exempt Parental	Exempt Medical	1+	Disease	Exempt Parental	Exempt Medical	
0 thru 2 months																														
3 thru 4 months																														
5 thru 6 months																														
7 thru 18 months																														
19 months to kindergarten entry																														
TOTAL																														

Section IV.

PREPARED BY (PLEASE PRINT)	TITLE	DATE
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